(b) if so, the details thereof including the steps taken for selecting the ARV drugs, if any;

(c) the details indicating the number of persons to be treated and the fund required for the purpose, State-wise; and

(d) whether any steps would be taken to provide adequate funds to the States for ARV treatment, AIDS prevention and treatment?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRIMATI SUSHMA SWARAJ): (a) and (b) Yes, Sir. A meeting was held on 17th November, 2003 with the pharmaceutical industry producing Anti-retroviral Drugs under the chairpersonship of Minister of Health & Family Welfare, to discuss the modalities on affordable anti-retroviral therapy to AIDS patients.

As a follow-up of this meeting, a working group was constituted under the chairmanship of Secretary (Health) with representatives from Pharmaceutical companies, Federation of Indian Chamber of Commerce and Industries (FICCI) and Confederation of Indian Industry (CII) to suggest ways for reduction in the prices of anti-retroviral drugs and testing diagnostic equipment required for the treatment of the people living with HIV/AIDS. The Anti-retroviral drugs identified for the treatment programme are Stavudine, Lamivudine, Nevirapine, Zidovudine and Efavirenz.

(c) It is expected that during the 1st year of ARV treatment programme approximately 100,000 AIDS patients would be covered from six high prevalence states namely Tamil Nadu, Karnataka, Andhra Pradesh, Maharashtra, Manipur and Nagaland. Funds required for ARV drugs and various investigations are estimated to be approximately 200 crores for the 1st year of Anti-retroviral treatment for HIV/AIDS patients. State-wise requirements of funds have not been worked out, so far.

(d) Yes, Sir.

AIDS Surveillance System

2073. SHRI A. VIJAYA RAGHVAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether there is any surveillance system to provide reliable estimates and trace changes in HIV and AIDS prevalence;

(b)if so, the details thereof including the current estimates of HIV positive persons, adults and children, as on date, State-wise, city-wise and category-wise;

(c)the details of the HIV epidemiological situations prevailing and surveillance sites in various States; and

(d)the details of the steps taken for AIDS prevention and treatment as on date, State-wise?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRIMATI SUSHMA SWARAJ): (a) to (c) Yes, Sir. The National AIDS Control Organisation, Government of India conducts annual rounds of nation-wide HIV sentinel surveillance to monitor the trends of HIV infections in different risk groups and to estimate the burden of HIV infections in the country. One such round was conducted during year 2002, in 384 sites in the country from August 2002 to October 2002.

Based on this set of data, the estimated number of people living with HIV is 3.82 million at the lower end of the range and 4.58 million at the higher end. A statement indicating State-wise HIV prevalence during 2002 is enclosed at Annexure-I. As the data represents only adult population in the age group of 15—49 years, no separate information on children is available from this estimation exercise.

On the basis of HIV prevalence rates in various risk groups, States and Union Territories are divided in three categories as High, Medium and Low. The States of Maharashtra, Tamil Nadu, Karnataka, Andhra Pradesh, Manipur and Nagaland are among the six high prevalence States, Gujarat Goa and Pondicherry are among medium Prevalent States and the remaining States and Union Territories are among low Prevalent States/UTs. The State-wise list of sentinel sites is enclosed at Annexure-II.

(d) In order to prevent and control the spread of HIV/AIDS in India Govt. of India has launched a comprehensive National AIDS Con Programme, currently under implementation throughout the country a centrally sponsored scheme under following components:—

* Preventive interventions for high-risk populations through target interventions adopting a multi-pronged strategy including pro-counseling and behavious change communication.

* Preventive interventions for the general population through programmes for blood safety, voluntary counseling and testing services, Prevention to Parent to Child Transmission (PPTCT), Information Education and Communication (IEC) & awareness building among adolescents and sensitization for the AIDS Vaccine Initiative.

* Provision of low cost care and support services by providing community care services, treatment of opportunistic infections and prevention of occupational exposure.

* Collaborative efforts to promote inter-sectoral programme activities including workplace interventions and public-private partnerships.

* Building technical and managerial capacities for programme implementation through Surveillance, Training, Monitoring and Evaluation, Technical resource groups, operational research and Programme management.

DM (Rheumatology) Programme at Nizam's Institute of Medical Sciences

2074. SHRIMATI N.P. DURGA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether any proposal has been received by Government from the Government of Andhra Pradesh for granting permission to start DM (Rheumatology) Programme in the Nizam's Institute of Medical Sciences at Hyderabad;

(b) if so, the details thereof; and

(c) the action contemplated by Government thereon?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRIMATI SUSHMA SWARAJ): (a) to (c) A proposal has been received from Nizam's Institute of Medical Sciences, Hyderabad seeking permission to start DM(Rheumatology) Course at the Institute. The proposal has been forwarded to Medical Council of India for evaluation.